Fill in this information to identify the case:

Debtor _____Hello Living Developer Nostrand LLC_____

United States Bankruptcy Court for the: ___Southern_____   District of __NY_____
(State)

Case number ___21-22696 (SHL)_____
(If known)

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims   **12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B*)* and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1:	List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☑ No. Go to Part 2.

☐ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

	Total claim	**Priority amount**

2.1 Priority creditor's name and mailing address
_____
_____
_____

As of the petition filing date, the claim is: $_____ $_____
Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred
_____

Basis for the claim:
_____

Last 4 digits of account number ___ ___ ___ ___

Is the claim subject to offset?
☐ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)

2.2 Priority creditor's name and mailing address
_____
_____
_____

As of the petition filing date, the claim is: $_____ $_____
Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred
_____

Basis for the claim:
_____

Last 4 digits of account number ___ ___ ___ ___

Is the claim subject to offset?
☐ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)

2.3 Priority creditor's name and mailing address
_____
_____
_____

As of the petition filing date, the claim is: $_____ $_____
Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred
_____

Basis for the claim:
_____

Last 4 digits of account number ___ ___ ___ ___

Is the claim subject to offset?
☐ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)

Debtor Hello Living Developer Nostrand LLC
        _____
        Name   Case number *(if known)* 21-22696 (SHL)

Part 1.	Additional Page

		Total claim	Priority amount
Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.			

2._ **Priority creditor's name and mailing address** $_____ $_____

_____

_____

_____

As of the petition filing date, the claim is:
Check all that apply.
❑ Contingent
❑ Unliquidated
❑ Disputed

Date or dates debt was incurred

_____

Basis for the claim:
_____

Last 4 digits of account number   ___ ___ ___ ___

Is the claim subject to offset?
❑ No
❑ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)

2._ **Priority creditor's name and mailing address** $_____ $_____

_____

_____

_____

As of the petition filing date, the claim is:
Check all that apply.
❑ Contingent
❑ Unliquidated
❑ Disputed

Date or dates debt was incurred

_____

Basis for the claim:
_____

Last 4 digits of account number   ___ ___ ___ ___

Is the claim subject to offset?
❑ No
❑ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)

2._ **Priority creditor's name and mailing address** $_____ $_____

_____

_____

_____

As of the petition filing date, the claim is:
Check all that apply.
❑ Contingent
❑ Unliquidated
❑ Disputed

Date or dates debt was incurred

_____

Basis for the claim:
_____

Last 4 digits of account number   ___ ___ ___ ___

Is the claim subject to offset?
❑ No
❑ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)

2._ **Priority creditor's name and mailing address** $_____ $_____

_____

_____

_____

As of the petition filing date, the claim is:
Check all that apply.
❑ Contingent
❑ Unliquidated
❑ Disputed

Date or dates debt was incurred

_____

Basis for the claim:
_____

Last 4 digits of account number   ___ ___ ___ ___

Is the claim subject to offset?
❑ No
❑ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)

Debtor _____Hello Living Developer Nostrand LLC_____ Case number *(if known)*____21-22696 (SHL)_____
　　　　　　Name

Part 2:	List All Creditors with NONPRIORITY Unsecured Claims

3. **List in alphabetical order all of the creditors with nonpriority unsecured claims.** If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Creditors with direct claims against this parent Debtor are as follows

Amount of claim

3.1 | **Nonpriority creditor's name and mailing address**
Downstate Foot and Ankle Podiatry

635 32nd Street

Brooklyn, New York 11215

Date or dates debt was incurred _____
Last 4 digits of account number __ __ __ __

As of the petition filing date, the claim is:
Check all that apply.
❑ Contingent
❑ Unliquidated
❑ Disputed

Basis for the claim: _____

Is the claim subject to offset?
❑ No
❑ Yes

$300,000

3.2 | **Nonpriority creditor's name and mailing address**
Dr. Sumit Charia

11 Stone Arch Road

Old Westbury, New York 11568

Date or dates debt was incurred _____
Last 4 digits of account number __ __ __ __

As of the petition filing date, the claim is:
Check all that apply.
❑ Contingent
❑ Unliquidated
❑ Disputed

Basis for the claim: _____

Is the claim subject to offset?
❑ No
❑ Yes

$175,000

3.3 | **Nonpriority creditor's name and mailing address**
Lazer Mechlovitz

1053 Dahill Road

Brooklyn, New York 11204

Date or dates debt was incurred _____
Last 4 digits of account number __ __ __ __

As of the petition filing date, the claim is:
Check all that apply.
❑ Contingent
❑ Unliquidated
❑ Disputed

Basis for the claim: _____

Is the claim subject to offset?
❑ No
❑ Yes

$500,000

3.4 | **Nonpriority creditor's name and mailing address**
RH Equity NY LLC

325 Division Avenue - Unit 201

Brooklyn, New York 11215

Date or dates debt was incurred _____
Last 4 digits of account number __ __ __ __

As of the petition filing date, the claim is:
Check all that apply.
❑ Contingent
❑ Unliquidated
❑ Disputed

Basis for the claim: _____

Is the claim subject to offset?
❑ No
❑ Yes

$650,000

3.5 | **Nonpriority creditor's name and mailing address**
_____
_____
_____

Date or dates debt was incurred _____
Last 4 digits of account number __ __ __ __

As of the petition filing date, the claim is:
Check all that apply.
❑ Contingent
❑ Unliquidated
❑ Disputed

Basis for the claim: _____

Is the claim subject to offset?
❑ No
❑ Yes

$_____

3.6 | **Nonpriority creditor's name and mailing address**
_____
_____
_____

Date or dates debt was incurred _____
Last 4 digits of account number __ __ __ __

As of the petition filing date, the claim is:
Check all that apply.
❑ Contingent
❑ Unliquidated
❑ Disputed

Basis for the claim: _____

Is the claim subject to offset?
❑ No
❑ Yes

$_____

| **Part 2:** | **Additional Page** |

| Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page. | **Amount of claim** |

3.___   **Nonpriority creditor's name and mailing address**

_____

_____

_____

As of the petition filing date, the claim is:
Check all that apply.
❑ Contingent
❑ Unliquidated
❑ Disputed
❑ Liquidated and neither contingent nor disputed

Basis for the claim: _____

Date or dates debt was incurred _____

Last 4 digits of account number ___ ___ ___ ___

Is the claim subject to offset?
❑ No
❑ Yes

$_____

3.___   **Nonpriority creditor's name and mailing address**

_____

_____

_____

As of the petition filing date, the claim is:
Check all that apply.
❑ Contingent
❑ Unliquidated
❑ Disputed

Basis for the claim: _____

Date or dates debt was incurred _____

Last 4 digits of account number ___ ___ ___ ___

Is the claim subject to offset?
❑ No
❑ Yes

$_____

3.___   **Nonpriority creditor's name and mailing address**

_____

_____

_____

As of the petition filing date, the claim is:
Check all that apply.
❑ Contingent
❑ Unliquidated
❑ Disputed

Basis for the claim: _____

Date or dates debt was incurred _____

Last 4 digits of account number ___ ___ ___ ___

Is the claim subject to offset?
❑ No
❑ Yes

$_____

3.___   **Nonpriority creditor's name and mailing address**

_____

_____

_____

As of the petition filing date, the claim is:
Check all that apply.
❑ Contingent
❑ Unliquidated
❑ Disputed

Basis for the claim: _____

Date or dates debt was incurred _____

Last 4 digits of account number ___ ___ ___ ___

Is the claim subject to offset?
❑ No
❑ Yes

$_____

3.___   **Nonpriority creditor's name and mailing address**

_____

_____

_____

As of the petition filing date, the claim is:
Check all that apply.
❑ Contingent
❑ Unliquidated
❑ Disputed

Basis for the claim: _____

Date or dates debt was incurred _____

Last 4 digits of account number ___ ___ ___ ___

Is the claim subject to offset?
❑ No
❑ Yes

$_____

Debtor   Hello Living Developer Nostrand LLC   Case number *(if known)* 21-22696 (SHL)
          Name

Part 3:	**List Others to Be Notified About Unsecured Claims**

4. **List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2.** Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

   If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1. _____	Line _____ ❑ Not listed. Explain _____	— — — —
4.2. _____	Line _____ ❑ Not listed. Explain _____	— — — —
4.3. _____	Line _____ ❑ Not listed. Explain _____	— — — —
4.4. _____	Line _____ ❑ Not listed. Explain _____	— — — —
41. _____	Line _____ ❑ Not listed. Explain _____	— — — —
4.5. _____	Line _____ ❑ Not listed. Explain _____	— — — —
4.6. _____	Line _____ ❑ Not listed. Explain _____	— — — —
4.7. _____	Line _____ ❑ Not listed. Explain _____	— — — —
4.8. _____	Line _____ ❑ Not listed. Explain _____	— — — —
4.9. _____	Line _____ ❑ Not listed. Explain _____	— — — —
4.10. _____	Line _____ ❑ Not listed. Explain _____	— — — —
4.11. _____	Line _____ ❑ Not listed. Explain _____	— — — —

Debtor Hello Living Developer Nostrand LLC   Case number (*if known*) 21-22696 (SHL)
        Name

Part 3:	Additional Page for Others to Be Notified About Unsecured Claims

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.__	Line ____ ❏ Not listed. Explain _____	— — — —
4.__	Line ____ ❏ Not listed. Explain _____	— — — —
4.__	Line ____ ❏ Not listed. Explain _____	— — — —
4.__	Line ____ ❏ Not listed. Explain _____	— — — —
4.__	Line ____ ❏ Not listed. Explain _____	— — — —
4.__	Line ____ ❏ Not listed. Explain _____	— — — —
4.__	Line ____ ❏ Not listed. Explain _____	— — — —
4.__	Line ____ ❏ Not listed. Explain _____	— — — —
4.__	Line ____ ❏ Not listed. Explain _____	— — — —
4.__	Line ____ ❏ Not listed. Explain _____	— — — —
4.__	Line ____ ❏ Not listed. Explain _____	— — — —
4.__	Line ____ ❏ Not listed. Explain _____	— — — —
4.__	Line ____ ❏ Not listed. Explain _____	— — — —
4.__	Line ____ ❏ Not listed. Explain _____	— — — —

Debtor _____Hello Living Developer Nostrand LLC_____ Case number *(if known)*_____21-22696 (SHL)_____
     Name

Part 4:	**Total Amounts of the Priority and Nonpriority Unsecured Claims**	

5. Add the amounts of priority and nonpriority unsecured claims.

		Total of claim amounts
5a. **Total claims from Part 1**	5a.	$_____
5b. **Total claims from Part 2**	5b. **+**	$1,625,000_____
5c. **Total of Parts 1 and 2** Lines 5a + 5b = 5c.	5c.	$1,625,000_____